

CLAIMS ONLY							Application Number 10629103	Filing Date
							Applicant(s)	
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	I					51		
2		I				52		
3		I				53		
4		I				54		
5		I				55		
6		I				56		
7		I				57		
8		I				58		
9		I				59		
10		I				60		
11		I				61		
12		I				62		
13		I				63		
14		I				64		
15		I				65		
16		I				66		
17						67		
18						68		
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42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
Total Indep	I					Total Indep		
Total Depend	15					Total Depend		
Total Claims	16					Total Claims		